	·	M			ober 1, 2		TION HEC	UH		10	151	101	5		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAT				R THAN			
F	TOTAL CLAIM				·		RATE	FEE							
ļ,	OR	NUMBER FILED		ARIXE REBILIN		1	BASIC F		\dashv	RATE BASIC FE	1 1/3				
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• 1	*11 the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		705	TOTAL	क्रिल		
	CLAIMS AS AMENDED - PART II									OTHER THAN					
_	(Column 1) (Column 2) (Column 3) CLAIMS NIGHEST								SMALI	LENTITY	_OR	SMALL	ENTITY		
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										~~				
. a	If the entry in catumn 1 is less than the entry in column 2, write "0" in column 2. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+290=			
—# (1	the "Highest Nort the "Highest Nort	Der Pra iber Pre	tyrously Paid tyrously Paid	For IN THE	5 SPACE is le 5 SPACE is le	es than es than	20, enter "20." 3. enter "1"		TOTAL OIT. FEE			TOTAL DOIT. FEE			
: TI	he "Highest Humb	el Prev	nously Paid	For" (Total or	Independent)	is the h	ighest number	touad	in the app	copuste box	u com	mn I.	ł		
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